NUBC Meeting Summary
November 7,8,9, 2001
Chicago, Illinois

Coding Requests:

- As a result of discussion and action at previous meeting a work group was formed to develop a better definition for implants, prosthetics, and orthotics in revenue category 27X. This was done to help providers get appropriate reimbursement for services rendered. Below is the definition that was proposed by the workgroup.

  Implantables: That which is implanted, such as a piece of tissue, a tooth, a pellet of medicine, or tube or needle containing a radioactive substance, a graft, or an insert. Also included are liquid and solid plastic materials used to augment tissues or to fill in areas traumatically or surgically removed. An object or material partially or totally inserted or grafted into the body for prosthetic, therapeutic, diagnosis purposes.

  Experimental devices that are implantable and have been granted a FDA number should be billed with revenue code 624.

  Examples (not inclusive) of other implants: shunt, artificial joints, stints, grafts, pins, plates, screws, anchors

Discussion:

The entire NUBC was supportive of the effort of this work group to provide better definition for the UB data elements and codes. This is viewed as a critical role of the NUBC as a data content committee. During the discussion of this definition there were still questions on how to code radioactive seeds and to define the difference between insertion and implants. The NUBC agreed that in addition to working to improve the definitions in the UB specifications, a frequently asked questions section on the NUBC web site would be beneficial. Currently, the NUBC is under contract with the Washington Publishing Company to make improvements in the Web site. Once that is done other enhancements, such as FAQ , can be undertaken.

Public Health Note: Once again the importance of clear and unambiguous definitions is apparent. To help accomplish that end, the Public Health Data Standards Consortium is also under contract with Washington Publishing Company in cooperation with the NUBC to create a Web based system to maintain the UB specifications along with data elements specific to public health data needs. It is important to note that at the August NUBC meeting a request to approve a block of condition, value, occurrence, and occurrence span codes for use in public health reporting was approved. These blocks of codes would be

managed by the Consortium and approved by the NUBC for inclusion in the UB specifications.

- CMS (formerly known as HCFA) requested establishing two new condition codes similar to condition codes 04 and 69 that would allow rehabilitation, psychiatric, children's, long term care, and cancer providers and units to submit no-pay claims to their intermediaries in the UB-92 format in order to post covered, risk HMO days to the Provider Statistics and Reimbursement Report (PS&R).

  Discussion –

  After discussion and consultation with CMS program people it was decided that the two new codes were not necessary. Instead it was approved that the definition of condition code 69 could be changed to accommodate this CMS request. References to Indirect Medical Education will be changed to just Medical Education to include the Graduate Medical Education components.

  In addition there was concern raised about codes that are approved by the NUBC but not implemented by the requestor. An example of this has been the current status of Discharge Status codes 61, 62, 63, 71, 72. It was recommended that this issue be discussed at a future meeting of the National Committee on Vital and Health Statistics.

  Public Health Note: This discussion made it very clear that one of the criteria for approving new codes was and will be that no current code could fill the need. The NUBC sent a strong message throughout this entire meeting that they are willing to do the necessary work to improve the definitions within the UB specifications. An equally strong message was that they would be reluctant to approve unnecessary codes. This could be an issue as the Health Care Service Data reporting implementation guide is developed. One example is a request to add a value code to have providers report the Length of Stay, where that variable could be calculated from already collected data elements. As the Consortium goes into the business of managing these codes, this is one of the issues to be considered.

- There was a request to approve a new revenue code for Trauma Center Activation. Revenue codes 68X was set aside for this purpose.

  Discussion:

  There was a lot of concern expressed from the provider representatives on the need for these codes. There were questions about how these codes would effect Medicare payment rules. There were unanswered questions on the best way to be paid for activation when the patient exists and a bill is generated. There were also unanswered questions on the best way to be paid for activation when the patient does not exist and a bill is not

generated. This request was tabled for Medicare and other payers to look at these codes from medical review and payment perspectives. This will be on the agenda of the January conference call.

- Alternative Therapy Services Revenue request. The Minnesota State Uniform Billing Committee addressed a question on how to report acupuncture services. After researching the alternatives and other possible alternative therapies, they proposed a new revenue category, which included sub-categories for Acupuncture, Accupressure, Massage, Reflexology, and Biofeedback. An other and general sub-categories were included in the request.

  Discussion:

  The NUBC recognized the need for this revenue category. There were some suggestions to add additional clarification for Biofeedback to differentiate psychological and non-psychological services. This was necessary because Biofeedback for psychological services is already defined in Revenue Code 917. The NUBC approved this code. It is important to note that in preparation for UB-02 the committee agreed that the first four-character revenue code would be assigned. The UB specifications define revenue codes as a four-character numeric, but this would be the first time that a four-character code has been defined. That raises the question of how that will affect provider and payers systems that may only accommodate 3 character revenue codes. It is very clear from the discussion that UB-02 will need to support 4 character codes and that the NUBC will need to define more codes that use all 4 characters. There was a suggestion that the UB-92 manual be changed to insert a zero in front of the current revenue codes. Before now that zero was always implied.

  Public Health Note: If it is necessary to collect cost information, it is important that those systems be designed and developed using a four-character numeric field definition for UB revenue codes. That is the way it is defined today and increasingly all four characters will be necessary.

- Miscellaneous Discussion

  There was discussion about when an institutional, or professional, or dental claim should be submitted. WEDI SNIP is taking this up as an HIPAA implementation issue. The general feeling is that the billing practices in place before 10/16/2002 should be in place after 10/16/2002. There was a motion that the NUBC should participate in the WEDI discussion threead on this issue. This motion was approved.

- DSMO Requests

- Request number 476 was disapproved on the grounds that it was an inappropriate use of the institutional claim. This request creates a data field on an anesthesia claim to report the surgical procedure performed by the operating physician.
- Request number 477 was disapproved on the grounds that it was an inappropriate use of the institutional claim. This would add a segment to report the ICD-9-CM principal diagnosis code on a dental claim

➢ State Billing Codes/Survey

State Uniform Billing Committees were sent a survey to identify state specific uses of undefined form locators and state defined condition, value, occurrence, occurrence span and revenue codes. Fifteen states responded to the survey. The purpose of this survey was to analyze state use codes to determine which ones could be defined nationally. This survey classified the reasons codes needed as for regulatory, service/reimbursement, service/state reporting, or other. One of the discussion items for the transition to the UB-02 is whether the ranges for state assigned codes should be eliminated in the UB-02 specifications manual. As a result of the discussion, codes with multiple assignments with similar meanings were to be researched to create a common definition for national assignment. The specific decisions were recorded on a spreadsheet, which will be distributed when AHA has completed it.

Public Health Note: It is important to remember again that the NUBC approved a range of condition, occurrence, occurrence span, and value codes for reporting use. In an effort to standardize the assignment of these codes for reporting, the Public Health Data Standards Consortium would be expected to take the lead coordinating the request to maintain the definitions of these reporting codes on the UB list. Public health systems are well positioned to have necessary UB codes assigned for reporting within the probable UB-02 guidelines.

Next Meeting Dates

- February 14th and 15th in Baltimore, Maryland
- May 8th and 9th in Chicago, Illinois.
- August 6th and 7th in Baltimore, Maryland
- November 14th and 15th in Chicago, Illinois